

Finding Equilibrium in the Ethical Landscape of Medicine: A Response to Philip Reed and Joseph Caruana

Sadia Sana^{1*}, Rahila Shafiq², Tanveer Kausar³, Dr. Muhammad Sajeeel Ur Rehman⁴, Dr. Adeela Bashir⁵ & Shagufta Parveen⁶

¹Nursing Lecturer, Air University, Islamabad, Pakistan. ²Nursing Officer, Tertiary Care Hospital, Rawalpindi, Pakistan. ³Nursing Instructor, Pakistan Institute of Medical Sciences, Islamabad, Pakistan. ⁴Senior Registrar, Central Institute of Family Medicine (CIFM), Pakistan. ⁵Chief Medical Officer, Heavy Mechanical Industries, Taxila, Pakistan. ⁶Assistant Professor (HPE), Department of Health Professions Education (DHPE), Lead Coordinator & Lead Research Wing, NUMS Environmental Stewardship Committee (NESC), Pakistan. *Corresponding Author (Sadia Sana) Email: sadia.sana85@yahoo.com

DOI: <https://doi.org/10.46431/MEJAST.2024.7211>



Copyright © 2024 Sadia Sana et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Article Received: 19 March 2024

Article Accepted: 25 May 2024

Article Published: 30 May 2024

ABSTRACT

Background: In the era of increased patient autonomy, clinicians face pressure to conform to all patient desires. They argue they are caring individuals with a stake in their patient's lives, and their rights of conscience should be respected and protected by law (Sullivan, 2019). The conflict between beneficence and autonomy in the delivery of healthcare can take many different forms, such as treatment refusal or decision-making regarding one's death. Healthcare professionals have a dual responsibility to respect patients' autonomy and give priority to measures that advance their overall health. This commentary explores the subtleties of the moral dilemma in further detail, looking at how it affects cross-cultural settings, medical education, and healthcare delivery.

Objectives: To Investigate the relationship between patient autonomy and medical beneficence to learn how healthcare personnel can better handle moral dilemmas in medicine and explores the complexities of ethical decision-making in global health, emphasizing the importance of striking a balance between beneficence and autonomy while respecting cultural differences.

Conclusion: By adopting a comprehensive perspective of autonomy and beneficence, healthcare workers can traverse ethical quandaries with compassion, honesty, and cultural humility. Through interdisciplinary collaboration, ongoing education, and a commitment to patient-centered care, the ethical imperatives of autonomy and beneficence can be harmoniously integrated into the fabric of medical practice, ensuring optimal patient outcomes and upholding ethical integrity principles.

Keywords: Autonomy; Beneficence; Consent; Dilemma; Ethical decision making; Ethical principle; Ethical framework; Global health; Medical education; Patient-centered care.

1. Introduction

The ethical challenge between physician beneficence and patient autonomy is examined by Reed and Caruana (2024), which clarifies a basic conflict in medical practice. This article explores the subtleties of the moral dilemma in further detail, looking at how it affects cross-cultural settings, medical education, and healthcare delivery. Autonomy, a philosophical principle based on Kant and Mill's interpretation, asserts that all individuals possess intrinsic worth and should have the power to make rational decisions and exercise self-determination. This principle was affirmed in a 1914 court decision by Justice Cardozo. To support informed consent, honesty, and confidentiality, a physician must respect the principle of autonomy by disclosing medical information and treatment options that are required for the patient to exercise self-determination (Varkey, 2021).

A medical ethics principle known as "beneficence" states that one must behave in the patient's best interest and advance their welfare. Another way to put it is that healthcare professionals must advance their patients' interests and act in their best interests (Bester, 2020).

1.1. Objectives

(i) To investigate the relationship between patient autonomy and medical beneficence to learn how healthcare personnel can better handle moral dilemmas in medicine.

(ii) To explore the complexities of ethical decision-making in global health, emphasizing the importance of striking a balance between beneficence and autonomy while respecting cultural differences.

The Beauchamp and Childress ethical framework, which outlines four principles autonomy, beneficence, non-maleficence, and justice lays the foundation for Reed and Caruana's approach. Although the concept of autonomy is undoubtedly important in modern medical ethics, this essay argues that it can unintentionally dominate the beneficence principle. The mutually beneficial connection between autonomy and beneficence must be acknowledged by the theoretical framework that frames medical ethics, emphasizing their interdependence rather than giving one priority over the other.

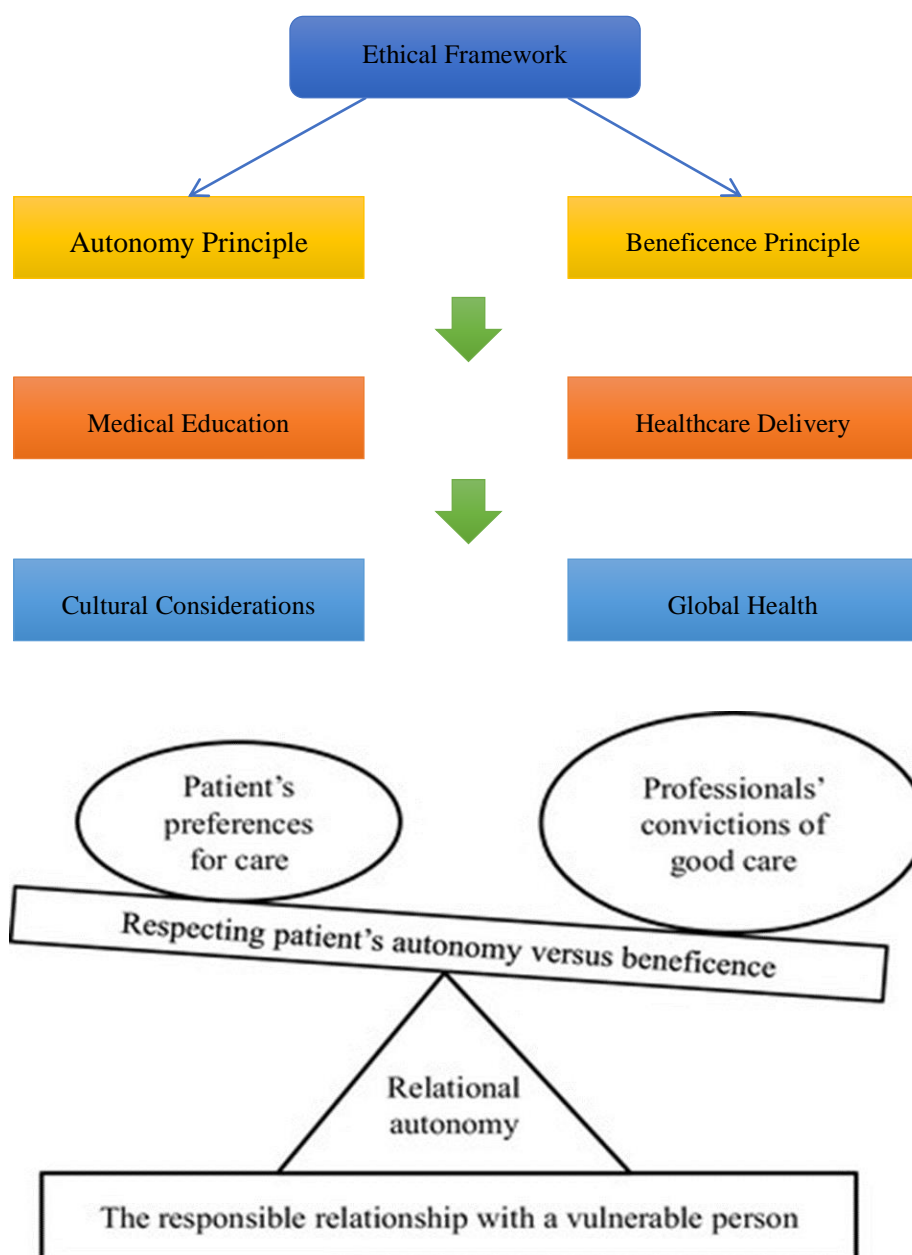


Figure 1. Relational autonomy in the struggle to uphold dignity in illness
(Heidenreich & Bremer (2018))

There is no reason to consider beneficence or autonomy to be more important than the other, even when they occasionally appear to be at odds. A more comprehensive grasp of autonomy is essential to know how to avoid

creating the dichotomy between beneficence and autonomy. When kindness is shown without regard for a person's autonomy, it can result in acts that are not truly helpful since they attempt to advance the welfare of the other person against that person's will. While beneficence is necessary to respect autonomy (e.g., in cases of mental incapacity), autonomy alone may keep others from realizing the person's true desire for assistance. Therefore, autonomy and beneficence are both necessary, but the degree to which they are interdependent depends on the circumstances, as well as the social and political context (Sutrop, 2011).

Future healthcare workers' ethical reasoning is greatly influenced by their medical education. The investigation conducted by Reed and Caruana highlights the necessity of a more balanced approach to ethics education, one that fosters a profound understanding of both patient autonomy and medical beneficence. As important as autonomy is in upholding patients' rights to self-determination, beneficence is just as important in guaranteeing the best possible outcomes for patients. Medical education must change to smoothly include these values, giving students the moral instruments they need to handle the complicated tasks of practicing medicine.

In the era of increased patient autonomy, clinicians face pressure to conform to all patient desires. They argue they are caring individuals with a stake in their patient's lives, and their rights of conscience should be respected and protected by law (Sullivan, 2019). The conflict between beneficence and autonomy in the delivery of healthcare can take many different forms, such as treatment refusal or decision-making regarding one's death. Healthcare professionals have a dual responsibility to respect patients' autonomy and give priority to measures that advance their overall health. In clinical practice, difficult decisions must be made to strike a balance between the ethical duty to not harm and the ethical obligation to act in the best interest of the patient. Healthcare professionals can resolve these moral challenges with kindness and integrity by adopting a nuanced view of beneficence and autonomy, which will eventually improve patient-centered care.

2. Cultural Considerations

Making ethical decisions is greatly impacted by the cultural setting in which healthcare is provided. While individual liberty is frequently prioritized in Western medical ethics, alternative cultural viewpoints could place more weight on family decision-making or community values. This commentary highlights that ethical principles may appear differently in various cultural contexts and emphasizes the significance of cultural sensitivity in addressing ethical difficulties. Healthcare professionals may make sure that moral judgments are based on respect for patient's cultural values and beliefs by adopting cultural humility and providing care that is culturally competent.

The conflict between beneficence and autonomy becomes more complex in the context of global health. A complex approach to ethical decision-making is necessary because resource limitations, cultural variations, and discrepancies in access to care exacerbate ethical difficulties. This commentary recognizes the particular difficulties associated with practicing global health and promotes an ethical framework that places a high priority on both beneficence and autonomy. Global health practitioners can manage ethical issues while preserving the principles of justice, beneficence, and respect for autonomy by utilizing collaborative, culturally sensitive approaches to healthcare delivery.

3. Conclusion

Finally, Reed and Caruana's investigation of the ethical tension between patient autonomy and medical beneficence serves as a spark for further thinking on the ethical landscape of medicine. By adopting a comprehensive perspective of autonomy and beneficence, healthcare workers can traverse ethical quandaries with compassion, honesty, and cultural humility. Through interdisciplinary collaboration, ongoing education, and a commitment to patient-centered care, the ethical imperatives of autonomy and beneficence can be harmoniously integrated into the fabric of medical practice, ensuring optimal patient outcomes and upholding ethical integrity principles. The physician-patient relationship has evolved since the Second World War due to social, cultural, and moral changes in Western countries. This led to moral pluralism and increased distance between physicians and patients. Today, physicians must clarify, guide, and respect patients' decisions as autonomous beings. The physician-patient relationship is fundamental in a plural society contesting authority in favor of autonomy. Physicians must balance beneficence and patient autonomy to ensure joint responsibilities. The first bioethical dilemma is the conflict between respecting patients' freedom and autonomy. The use of authority to perpetuate patient dependence is still tempting.

Declarations

Source of Funding

No funding has been reported.

Conflict of Interest

The authors declare that they have no conflict of interest.

Consent for Publication

The authors declare that they consented to the publication of this commentary.

References

- [1] Bester, J.C. (2020). Beneficence, interests, and wellbeing in medicine: What it means to provide benefit to patients. *The American Journal of Bioethics*, 20(3): 53–62. <https://doi.org/10.1080/15265161.2020.1714793>.
- [2] Beauchamp, T., & Childress, J. (2019). *Principles of biomedical ethics* (8th Ed.).
- [3] Reed, P., & Caruana, J. (2024). Fostering medical students' commitment to beneficence in ethics education. *Voices in Bioethics*, 10. <https://doi.org/10.52214/vib.v10i.12045>.
- [4] Sullivan, D.M. (2019). Professionalism, autonomy, and the right of conscience: A call for balance. *Ethics, Medicine and Public Health*, 11: 11–15. <https://doi.org/10.1016/j.jemep.2019.100421>.
- [5] Sutrop, M. (2011). Viewpoint: How to avoid a dichotomy between autonomy and beneficence: From liberalism to communitarianism and beyond: Models of autonomy and beneficence. *Journal of Internal Medicine*, 269(4): 375–379. https://doi.org/10.1111/j.1365-2796.2011.02349_2.x.
- [6] Varkey, B. (2021). Principles of clinical ethics and their application to practice. *Medical Principles and Practice*, 30(1): 17–28. <https://doi.org/10.1159/000509119>.